## VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm State of Alaska

FEB 2

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

	Datamaster cdm S/N /30/8/
uper	rvisor/Operator Performing the Verification Procedure:
	Name Michael A. Why ID# 3590 Date 2-23-10
	Agency AST Phone # 451-2950
	Instrument Location Neways Post
	Alco S/N 78895 Target Value 1074 High Pressure 900
	Alco Test Value Average 076 1st Alco 2nd Alco
	Signature Willow a. Wy
	(OVER) 3/11/10

(Do Not write in the area below) I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the

verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Scientific Director

State Breath Alcohol Program

day of <u>March</u>, 2010. Subscribed and sworn before me this

Notary Seal Stamp)

Carolyn M. Noland

Notary Public, State of Alaska

Commission Expires with Office

